

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Basic fee of \$105
covers indexing
of this one name.

Full Legal Name of Service Provider: CROWDBANDS

Additional \$30
per group of 10
or fewer.

**Alternative Name(s) of Service Provider (including all names under which the service
provider is doing business):** _____

Address of Service Provider: 27 WEST 24TH STREET, SUITE 404
NEW YORK, NY 10010

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** TOMMY SARIG

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box
or similar designation is not acceptable except where it is the only address that can be used in the geographic
location):

27 WEST 24TH STREET, SUITE 404
NEW YORK, NY 10010

Telephone Number of Designated Agent: 212 924 1266

Facsimile Number of Designated Agent: 212 924 1535

Email Address of Designated Agent: ts@crowdbands.com

Signature of Officer or Representative of the Designating Service Provider:

Date: 3/15/11

Typed or Printed Name and Title: TOMMY SARIG, FOUNDER

**Note: This Interim Designation Must be Accompanied by a Filing Fee*
Made Payable to the Register of Copyrights.**

***Note: Current and adjusted fees are available on the Copyright website at
www.copyright.gov/docs/fees.html**

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Mail the form to:
Copyright RRP
P.O. Box 71537
Washington, DC 20024



Received
MAR 14 2011
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